

Summer 2022

THE MEDICAL CORPS MAGAZINE

Hail and Farewell Edition



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- Farewell from RDML Hancock
- Welcome from the new Corps Chief
- Welcome from the new Deputy Corps Chief
- HRO Educational Opportunities



MEDICAL CORPS MAGAZINE

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FAREWELL FROM RDML HANCOCK...

Doctors, the prevailing theme of my tenure as your Corps Chief has been one of constant change. I have been honored to serve you during this time, and it has been the privilege of a lifetime. I would have never imagined that a global pandemic would consume my time as your Corps Chief. I have also never been more proud of your remarkable resilience and dedication during this time. Serving in over 54 locations on DSCA missions with little to no warning or preparation time, you have been there. You consistently meet any challenge, whether deploying in support of the COVID response, vaccination distribution, or Operation Allies Welcome. It's not a surprise that our Corps stepped up when called. Physicians have a long history of making a difference. Dr. James McHenry signed the Declaration of Independence and was credited with establishing the United States Navy. His accomplishments are a constant reminder of all we do.

As physicians, we are the profession that is often called upon to recognize the need for social change. I am so proud to be a part of a Corps that has embraced diversity and inclusion. Our Navy still has a long way to go, but looking back at the past, the foundation of diversity has always existed. Dr. Mary Edwards Walker graduated as the only female physician in her medical school class and volunteered her skill during the Civil War. She saved thousands of lives and earned the Medal of Honor before being captured by the Confederacy. Dr. Walker's spirit remains in each and every one of you as heroes who always answer our nation's calls.

One doesn't need to look far within our current ranks to see the diversity of thought, background, and experience that permeates our Corps. CAPT Shelly Perkins, a general surgeon, is the Commanding Officer at our largest



institution in Tidewater. She is one of the most productive surgeons as Commanding Officer. She has completed multiple combat tours, set up a trauma center in a remote area, and dedicated her life to her country and the field of medicine. CAPT Kim Davis is the Commanding Officer of NMRTC San Diego, an ophthalmologist and glaucoma specialist who has also served as the fourth fleet surgeon, and has devoted her life to serving during times of drastic needs and change. LCDR Jonny Kim came from humble beginnings but stepped up to serve as a Navy Seal, physician, and now astronaut at NASA. CAPT Joe Kotora grew up in a small town in New Jersey and has helped shape emergency medical services across the Navy and military. He set up improvements in the trauma system in Boone and Onslow Counties by coordinating for whole blood to

be available on local ambulances. He is also setting up Project Caladrius, the airborne patient transport system that will allow critically injured patients to be brought back to Portsmouth for definitive care. We have women and men of every color and creed who have commanded in Kandahar, led the Navy in Global Health, and improved primary care access to service members and their families. We can look around us and see heroes walking the halls every day. I could go on for days as there are extraordinary physicians throughout our Corps—celebrate our differences as they make us stronger!

We've faced a lot of challenges over the last three years. We have the constant threat of possible divestitures on top of completing the largest military medical transformation in our country's history. We have a global pandem-

ic with new variants every few weeks. We have an ongoing war in Europe, something we have not seen in over 75 years. I thank the good Lord each and every night that you all have the watch. Navy physicians are ready to answer the call anywhere, anytime. Without hesitation, I trust you with my children and their families, who are serving in the Marine Corps.

After 40 years of service, I am starting the next phase of my life knowing that I am leaving the Medical Corps in great hands. Thank you for everything you do, and I look forward to seeing the incredible things you will accomplish in the future.



RDML Hancock speaking with attendees at the U.S. Naval Academy Class of 2022 Medical and Dental Corps Selectee Dinner on 23 Feb 2022.

FROM YOUR NEW CORPS CHIEF...



Esteemed colleagues, In June 1992, I was checking in at the then named National Naval Medical Center in Bethesda, Maryland, to begin my internship year. I cannot imagine a more fulfilling and exciting career than these past 30 years as a Medical Officer in the U.S. Navy. Now it culminates with the tremendous honor and humbling challenge of assuming duties as your Corps Chief. I am very grateful and thankful to RDML Hancock for his steadfast and dedicated service as he hands over the reins. I am looking forward to the work ahead, to meet with you, discuss your thoughts and concerns, and continue to fulfill our mission supporting the Fleet and Fleet Marine Force. We are unimaginably blessed to be physicians in the service of our nation and the greatest Navy in the world. You will have my utmost, I shall expect yours.

Rear Adm. Guido F. Valdes is a native of San Juan, Puerto Rico. He holds a Bachelor of Science Degree in Biology from the University of Miami, Florida. He earned his Doctor of Medicine degree from the University of Miami School of Medicine in 1992 as a Navy Health Professions Scholarship recipient and upon graduation reported for active duty.

Valdes' professional training includes transitional internship at the National Naval Medical Center and emergency medicine residency at Naval Medical Center Portsmouth. He is board certified by the American Board of Emergency Medicine.

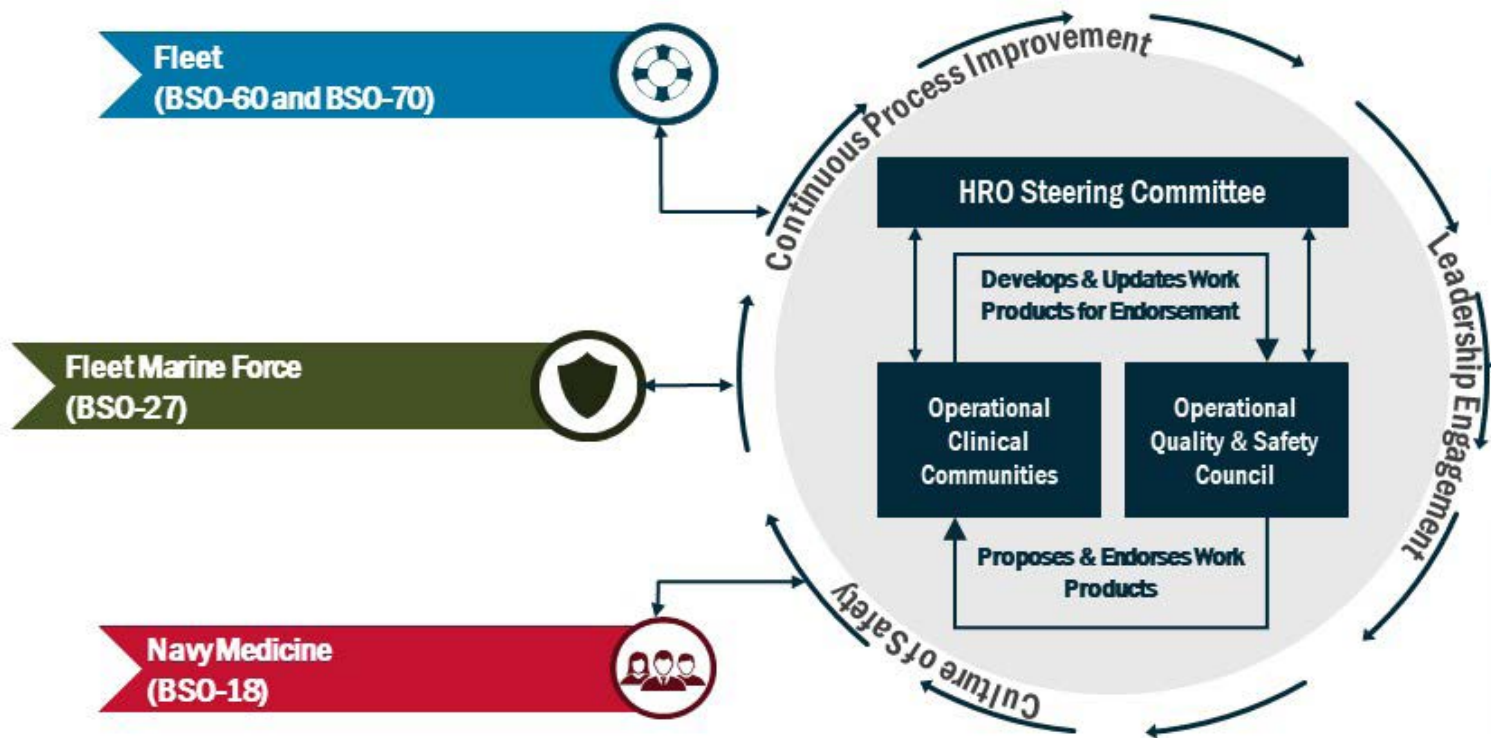
He has served in various positions throughout Navy Medicine to include general medical officer, Branch Health Clinic Gaeta, Italy; staff emergency physician, U.S. Naval Hospital Naples, Italy; U.S. Naval Hospital Rota, Spain; and Naval Medical Center Portsmouth; executive officer,

Naval Hospital Pensacola; commanding officer, Naval Health Clinic Corpus Christi; and deputy commander, Naval Medical Forces Atlantic.

Operationally, he served as officer in charge of the Shock Trauma Platoon/Forward Resuscitative Surgical Site at Camp Korean Village in Al-Anbar province, Iraq during Operation Iraqi Freedom; officer in charge, Fleet Surgical Team Six; force surgeon, Riverine Group One; executive officer, Role 3 Multinational Medical Unit, Kandahar, Afghanistan during Operation Enduring Freedom; and force surgeon, U.S. Naval Forces Central Command/Fifth Fleet. Valdes is qualified as a Fleet Marine Force Warfare Officer. His personal decorations include the Legion of Merit (two awards), Meritorious Service Medal (four awards), Navy Commendation Medal (two awards), Navy Achievement Medal and various other unit and campaign awards.



Navy Medicine's High Reliability Organization Operating Model



The HRO Operating Model provides forums, resources, and access to decision makers and subject matter experts to uphold quality, safety, and readiness, as well as to communicate about Navy HRO priorities across the fleet.

Spotlight Article: High Reliability Organization (HRO) Opportunities



The concept of a High Reliability Organization (HRO) originated in high-risk environments, such as our submarines and aircraft carriers to enable teams and organizations to avoid the detrimental impacts of mistakes. For this reason, High Reliability has been particularly resonant within military healthcare because the three HRO pillars – leadership engagement, robust process improvement, and a culture of safety – directly translates to fewer life-threatening mistakes. Five HRO principles support these pillars – commitment to resilience, preoccupation with failure, deference to expertise, sensitivity to operations, and reluctance to simplify – which represents tactical objectives for HROs.

For Navy Medicine, High Reliability represents a

commitment to safety, quality, resiliency, and operational success wherever the Navy and Marine Corps are. In 2014, Navy Medicine formally commenced its journey towards High Reliability after the Secretary of Defense mandated the Military Health System (MHS) adopts HRO principles following the MHS Review, although some facets of HRO were already in practice, such as morning huddles. Since its inception, we have set up foundational support to continue endorsing High Reliability principles across the Navy Medicine. Throughout early 2016 the HRO Change Plan and Chief Medical Officer (CMO) model were approved, laying the groundwork for CMOs to be selected and placed at all Navy MTFs throughout 2017. The CMO role was accompanied by the Chief Dental Officer (CDO) role in early 2016 and the Chief Quality Officer role in late 2016.

The CMO role exists at all levels of the Navy Medicine to monitor patient safety and quality of care and enhance implementation of HRO, disseminate emerging best practices, increase collaboration in support of HRO, provide clinical leadership, champion change and growth, and drive process improvement initiatives. Within the Navy Medical and Readiness Training Commands (NMRTC) at the MTFs, the CMOs act as a conduit for the HRO goals and initiatives prioritized by the Surgeon General. They serve simultaneously as a clinical leader and a strategic one, leading the way for their NMRTC and MTF by coordinating lessons learned with their fellow CMOs throughout the Military Healthcare System, and by adopting HRO principles through functional initiatives designed to improve clinical quality of care and the goal of zero patient harm.

A key driver for HRO maturation beyond the MTFs is the HRO Model Alignment to the Operational Medical Forces Report, which was completed in September 2019. This report provided the basis for a full work breakdown structure centered around HRO support to Navy and Marine Corps operational forces through cross-functional teams, HRO training, and maturation of the Operational Quality and Safety Council (OQSC). In support of “One Navy Medicine” and the Navy Medicine HRO Model Alignment to the Operational Medical Forces, the HRO network engaged in a strategic refresh to collaboratively develop and adopt an updated, comprehensive HRO operating model. The central nodes of the model include the HRO Steering Committee (comprised of Headquarters, Regional,

and Operational leadership), the OQSC, and the Navy Medicine Operational Clinical Communities. In April of 2019, the OQSC was chartered to provide a central forum for the Bureau of Medicine and Surgery (BUMED) headquarters and regions, operational medicine leaders, clinical specialists and subject matter experts (SME), and quality, safety, and improvement personnel to share lessons learned and best practices, discuss and collaborate emerging challenges, and develop and endorse improvement efforts relevant to all Navy Medicine settings.

Central elements of Navy Medicine's operating model are the Navy Medicine Operational Clinical Communities, including Female Force Readiness, Psychological Health, Oral Health, Neuromusculoskeletal Medicine, Operational Medicine, and Trauma – all of which promote a culture of safety and operational health by developing work products designed to improve patient outcomes and naval capabilities. As the MHS's Clinical Communities continue to support MTFs, the Navy Medicine Operational Clinical Communities further refine their focus to operational medicine needs, advancing patient safety and quality of care through process im-

provement, collaboration, knowledge sharing, and standards of care in support of the operational medical forces.

Navy Medicine also offers the Quality and Safety Leadership Academy (QSLA), the preeminent training course for HRO leaders, which features a robust curriculum covering a wide variety of HRO topics. QSLA was established in 2016, in conjunction with the MHS Review's High Velocity Learning (HVL) effort, to provide HRO training to Navy Medicine leaders. Early iterations of QSLA, beginning with the first Cohort in 2017, provided current and prospective Chief Medical Officers with an advanced understanding of the principles of quality, safety, and high reliability. BUMED identified an opportunity for other Navy Medicine leaders benefit from QSLA, so the program and curriculum have been refreshed to be relevant to leaders from all Corps and across all Navy Medicine environments, including the Fleet and Fleet Marine Force. This program – along with other HRO courses being developed under BUMED M7 – represent Navy Medicine's push for HRO education in both traditional Military Treatment Facility and operational environments. Recently, the program concluded its seventh Cohort which welcomed 22 Medical Corps Scholars and incorporated new curriculum



The Relationship Between PS & HRO Operating as an HRO



The effective adoption of HRO depends on actionable initiatives engaging people at all levels, the use of robust tools to improve processes, and the incorporation of practices that build a culture committed to safety.



PHOTO OF THE QUARTER: *Camp Lejeune Family Medicine Residency Program graduates 10 residents, 10 interns*

CAMP LEJEUNE (June 30, 2022) On June 24, 2022, the NMCCL Family Medicine Residency Program graduated 10 residents and 10 interns who will now go on to practice medicine around the world.

The 2022 graduates received 100% pass rates on their Family Medicine Certification Examinations given by the American Board of Family Medicine, making this the 11th consecutive year program participants have achieved a 100% pass rate. (Photo by Petty Officer 2nd Class Michael Molina)

elements such as table top exercises.

High Reliability is a fundamental role of the Medical Corps and the Chief Medical Officer. Understanding the key tenets of HROs and the application of those tenets to any Medical Corps billet are central to maximizing performance as an organization and striving towards zero harm. For additional questions about High Reliability, please contact the BUMED Chief Medical Officer, CAPT Christopher Lucas, 703-681-3920, christopher.c.lucas.mil@mail.mil or the Navy Medical Operational Clinical Communities Support Team, usn.ncr.bumedfchva.mbx.navy-clinical-communities@mail.mil, or browse the Navy Medicine HRO SharePoint site, <https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/Pages/default.aspx>.

High Reliability Principles

Both operational and clinical settings are prime candidates for the application of HRO principles due to frequent high-risk situations and severe consequences for failure in those scenarios.



Sensitivity to Operations

Medical and line staff must be aware of the state of the systems and processes involved in patient care and staff well being. This awareness is key to noting risks and preventing them.



Commitment to Resilience

Medical and line staff need to be trained and prepared to respond when system failures occur. Resilient systems can quickly develop new plans to respond to the unanticipated.



Reluctance to Simplify

Avoiding overly simple explanations of failure (unqualified staff, inadequate training, communication failure) is essential to understand the reasons patients are placed at risk.



Preoccupation with Failure

Rather than viewing near-misses as proof that the system in place has effective safeguards, they should be viewed as symptomatic of areas that need more attention.



Deference to Expertise

All must be willing to listen and respond to the insights of staff who know how processes work and the risks patients and staff face. The most senior person in the room does not have all the answers.



RDML Hancock speaking with attendees at the U.S. Naval Academy Class of 2022 Medical and Dental Corps Selectee Dinner on 23 Feb 2022.



Welcome to the new Deputy Corps Chief!

CAPT TERESA ALLEN

CAPT Teresa Allen will join the Corps Chief's Office at the Bureau of Medicine and Surgery in Falls Church, Virginia, as the Deputy Corps Chief starting in August 2022. As a native of Eighty Four, Pennsylvania, CAPT Allen received her bachelor of science from Bethany College and her doctor of medicine from Midwestern University Chicago College of Osteopathic Medicine. As a board certified family medicine physician, she completed an obstetric fellowship at the University of Rochester Medical Center and a faculty development fellowship at the University of North Carolina School of Medicine. She has served as Force and Family Medicine department head and senior medical officer for branch clinics at Naval Medical Center Portsmouth, VA, the officer in charge of Naval Branch Health Clinic Portsmouth, NH, and the inaugural chief medical officer of Naval Health Clinic New England, RI. She has deployed in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) aboard the USS Essex and participated in Operation Unified Assistance in response to the 2004 Indian Ocean tsunami. As part of Expeditionary Medical Facility Kuwait, CAPT Allen deployed as senior medical officer of Camp Buehring in support of OIF and OEF. She was then appointed as executive officer of Naval Hospital Camp Pendleton in 2018 and assumed the role of commander of Naval Hospital Jacksonville

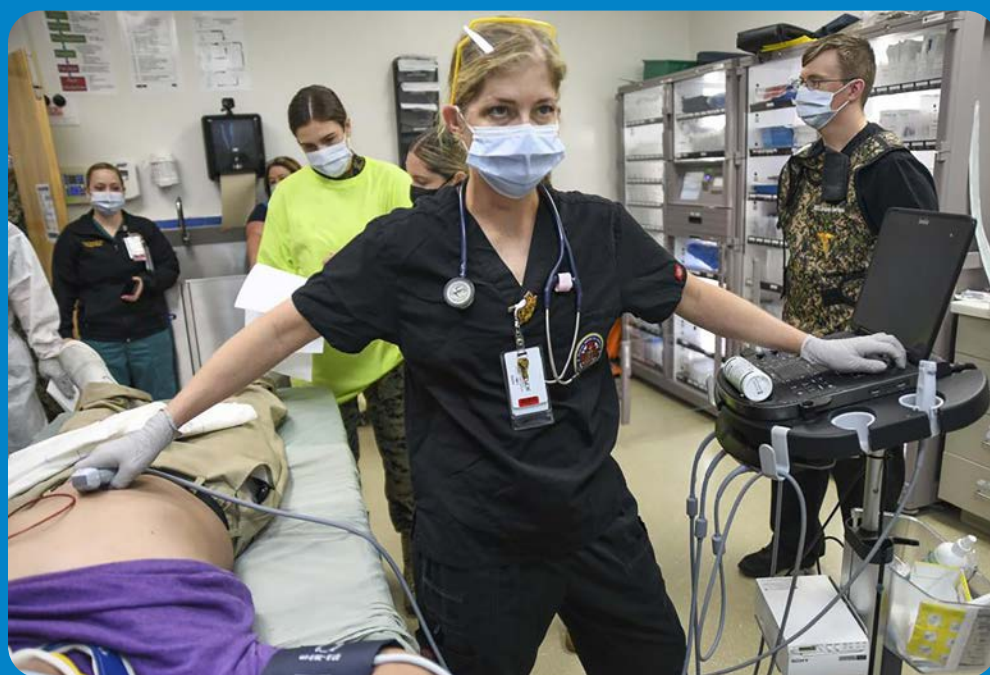
and commanding officer of Navy Medicine Readiness and Training Command Jacksonville in 2020.

CAPT Allen's philosophy is Mission first. People always. She strives to care for the most deserving population: military servicemen and women, their families, and military retirees. She believes military physicians need to ensure warfighters are medically ready to defend the nation and that military physicians are prepared to deploy with them and save the lives of our brothers and sisters in arms. She will fight passionately for her community and wants to help medical officers be their best.

RDML Hancock, our current Medical Corps Chief and her long-time mentor, comments, "CAPT Allen has learned always to challenge herself and question the status quo. Whether it was on the USS Essex earning her surface warfare insignia or teaching family medicine residents at Camp Lejeune, I have always encouraged her to ask the hard questions, which has given her opportunities to learn and grow as a professional. She wants to pass these qualities on to the Medical Corps in her new role as Deputy Corps Chief and looks forward to supporting RDML Valdes in his new position as Medical Corps Chief."



CAMP LEJEUNE (June 24, 2022) - Leaders and staff from Naval Medical Center Camp Lejeune held a ribbon cutting ceremony for the new Marine Centered Medical Home Hadnot Point on Friday, June 24, 2022. The new facility is part of a Defense Health Agency, Navy Medicine and U.S. Marine Corps partnership to make ambulatory services more convenient for our active duty members. Multiple services, such as dental, primary care and radiology will now be centrally located. The facility will serve approximately 7,000 active duty with the 2d Marine Division. "Thank you to the Marine Corps, to 2nd Marine Division, and II Marine Expeditionary Force," stated Captain Sean Barbabella, executive officer for NMCCCL. "Your leadership believed in this project from the start. You saw the great need and have supported us and collaborated with us each step of the way. Thank you for entrusting us with caring for your Marines." (Photo by Petty Officer 2nd Class Michael Molina)



CAMP LEJEUNE (June 29, 2022) - Naval Medical Center Camp Lejeune participated in Exercise Vigilant Response, a simulated, full-scale exercise hosted by Marine Corps Air Station New River and supported by Onslow County Emergency Service and other various, local partners. The exercise provided realistic training opportunities to increase community emergency response efforts during a mass casualty event. Exercises like these are important for the Medical Center's teams to identify strengths and areas for improvement in order to perform at an expert level during any mass trauma situation. (Photo by Petty Officer 2nd Class Michael Molina)



NEW HAVEN, Connecticut- (May 17, 2022) – Navy medical corps students graduating at Quinnipiac University in North Haven, Connecticut, pose together with Navy Talent Acquisition Group New England medical recruiters. Each graduating student attended school through the Navy Health Professions Scholarship Program, which provides school tuition, fees and a monthly living stipend. (U.S. Navy photo by Chief Mass Communication Specialist Joshua Wahl/Released)

WELCOME TO THE NEWEST MEMBERS OF THE CORPS!

A Look Back at Navy Medical Corps Ship Namesakes

By André B. Sobocinski, Historian, BUMED

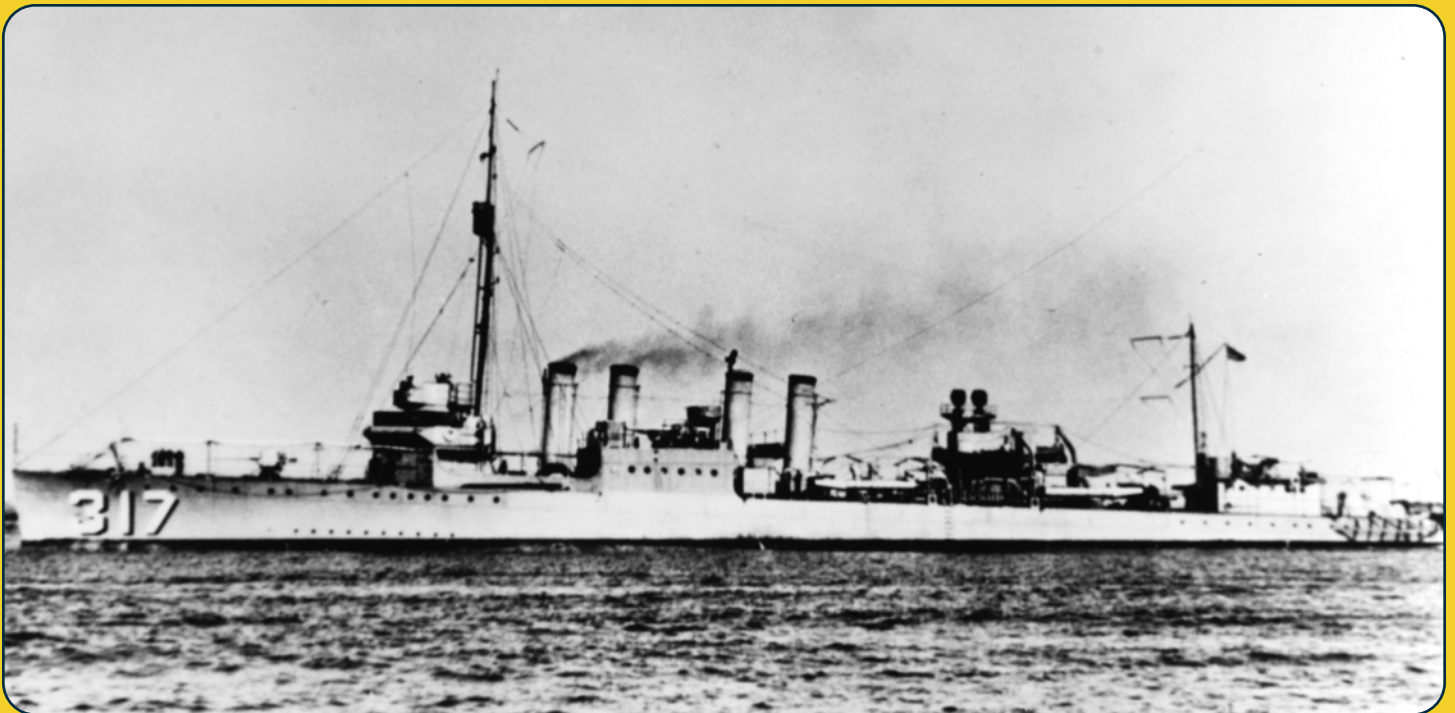
Since 1920, when the first warships were named in honor of naval medical personnel, the US Navy has honored 15 physicians (Medical Corps officers) as namesakes for some 20 vessels. They range from heroic doctors who served on the battlefields of the Civil War, World War I and World War II to prominent leaders, innovators and pioneers who helped guide the Navy Medical Department in pivotal times in our history.

Commodore William Maxwell Wood, USN (1809-1880) holds the distinction as the first physician to be honored as a namesake for a Navy warship. Wood was a veteran of the Seminole Wars, the Mexican and Civil Wars. In 1869, he was appointed the Chief of the Navy's Bureau

of Medicine and Surgery and on March 3, 1871, Wood became the first naval officer to hold the title of Surgeon General of the Navy. Just over forty years after his death, the Clemson-class destroyer, USS Wood (DD-317) was commissioned.

Two other namesake destroyers were planned—William M. Wood (DE-287) and William M. Wood (DE-557) but were never constructed. At the end of World War II, USS William M. Wood (DD-715) was commissioned, and served for 31 years.

Two other Navy Surgeons General were honored as ship namesakes—Commodore J. Rufus Tryon, Medical Corps, USN (1837-1912) and Rear Admiral Presley



USS Wood (DD-317) was a Clemson-class destroyer in service from 1921 to 1930. Named after Surgeon General William Maxwell Wood, she is the first ship to be named after a Navy physician.

Marion Rixey, Medical Corps, USN (1852-1928). USS Tryon (APH-1) and USS Rixey (APH-3)—along with USS Pinkney (APH-3), which was named in honor of Fleet Surgeon Ninian Pinkney, USN (1811-1877) of the Mississippi Squadron—were World War II auxiliary vessels originally designed for double duty—to carry warfighters into battle as well as to treat and evacuate casualties as “evacuation ships.” Collectively these three ships received 14 battle stars for their efforts in World War II. All three were each decommissioned in 1946.

Assistant Surgeon Elisha Kent Kane, USN (1820-1857), was one of the most famous Americans in the early nineteenth century and best known for his role in two expeditions in search of the missing polar explorer Sir John Franklin. Kane has been the subject of books, honored by the United States Post Office with his own stamp, and has even served as the namesake of a lunar crater. Kane was also the namesake of two ships—the World War II destroyer USS Kane (DD-235) and the oceanographic survey ship USNS Kane (T-AGS-27).

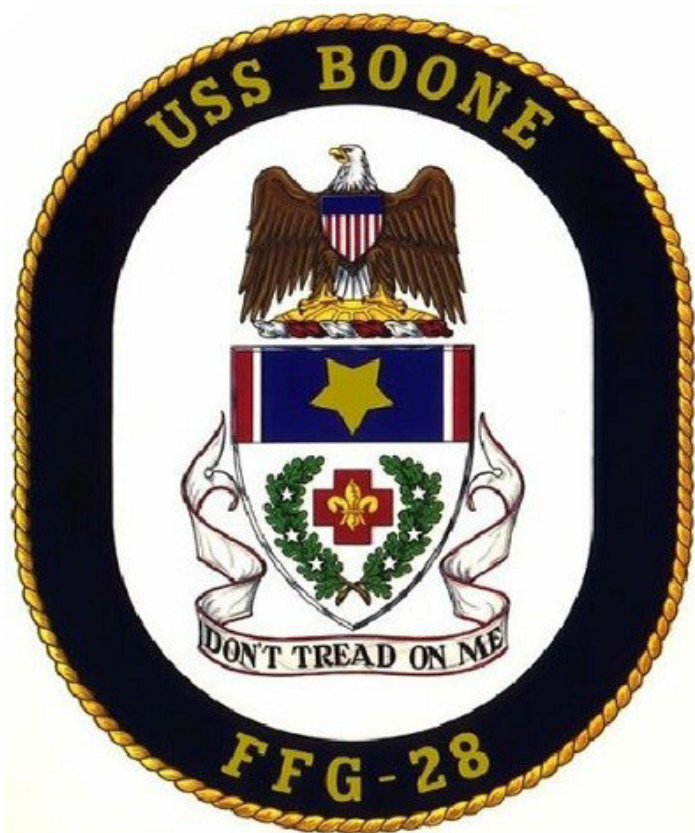
Other nineteenth century Navy physicians have also served as ship namesakes. USS Heerman (DD-532) was named in honor of the German-born Navy surgeon Lewis Heerman (1779-1833), a veteran of the Barbary Wars who commanded ketch Intrepid during Stephen Decatur’s daring raid to board and burn the captured frigate Philadelphia. Heerman later operated the Naval Hospital New Orleans during the War of 1812.

Assistant Surgeon William Longshaw, Jr., USN (1836-1865) served in the Civil War. He was acknowledged by Secretary of the Navy Gideon Welles and RADM John Dahlgren for gallant behavior for his actions on November 15, 1863 when he, under heavy fire, volunteered to help retrieve the monitor Lehigh which had run aground in Charleston Harbor. Longshaw was killed in the Second Battle of Fort Fisher, NC, in January 1865 while binding the wounds of a fallen Marine. The USS William Longshaw (DD-559) was launched in 1943 and later supported campaigns in Luzon, Leyte, Iwo Jima and Okinawa.

Rear Admiral Cary Grayson, Medical Corps, USN (1878-1938), was a White House physician who had served alongside Dr. Presley Rixey in attending to President Theodore Roosevelt and the First Family. Beginning in 1913, Grayson became the primary physician and confidante of President Woodrow Wilson, serving in this role until Wilson’s death in 1924. Grayson holds the unique distinction as earning the Navy Cross for his care of the president as well as being honored as a ship namesake. In February 1941, the Greaves-Class destroyer USS Grayson (DD-435) was commissioned.

USS Boone (FFG-28) is the third ship named in honor of a White House physician. Its namesake—Vice Admiral Joel T. Boone, Medical Corps, USN (1889-1974)—served as physician to Presidents Harding, Coolidge and Hoover. During the Hoover Administration, Boone is credited for inventing the game of “Hoover Ball” and helping to formalize the White House Medical Unit. Of course, Boone was also a decorated war hero who received the Medal of Honor, Distinguished Service Cross and six Silver Star citations in World War I.

Serving in the American Expeditionary Force (AEF) in France with Boone was Lt. Malcolm Pratt (1891-1942), another Navy physician and decorated war hero. Pratt earned the Navy Cross and Silver Star for operating a regimental aid station under heavy shell fire during the Battle of



USS Boone (FFG-28) Crest. The ship was named in honor of Medal of Honor recipient Vice. Adm. Joel T. Boone.

he returned to the Navy in 1941. Pratt and his son (1Lt. John Pratt, USMC) were both killed during the Guadalcanal campaign. The John C. Butler-class escort USS Pratt (DE-363) was named in honor of both father and son in 1944.

Navy physician Lt. Henry Ringness, Medical Corps, USN (1912-1942) also lost his life during the Guadalcanal campaign. He was posthumously awarded the Navy Cross for efforts as a flight surgeon with Marine Air Group (MAG)-14 during the enemy bombardment of Henderson Field that ultimately took his life. His namesake ship—the high-speed transport USS Ringness (APD-100)—was commissioned on October 25, 1944.

USS Ringness was one of six ships named in honor of physicians killed in World War II. Like Lt. Ringness, Lt (j.g.) Ben Bronstein (1915-1942) and Lt.(j.g.) Richard Rall (1909-1941) were just starting their promising careers in the Navy when killed in action. Bronstein was the medical officer aboard the destroyer escort USS Jacob Jones in February 1942 when it was sunk by the submarine U-578 off the New Jersey coast killing the young physician and all but 30 crewmembers. Bronstein holds the distinction as the namesake of two ships— USS Bronstein (DE-189) and USS Bronstein (FF-1037).

Rall was the junior physician aboard battleship USS

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Rall was the junior physician aboard battleship USS Pennsylvania while moored at Pearl Harbor. On December 7th, 1941 he was one of two physicians killed in the attack on the naval base. The Navy launched the ship USS Rall (DE-304) in

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1944.

Whereas Bronstein, Rall and Ringness were just beginning their careers in the Navy, Capt. Elphege Gendreau (1888-1943) and Cdr. J. Douglas Blackwood (1881-1942) were decades into their careers when they were killed in action. Both Blackwood and Gendreau were World War I veterans; the former was a recipient of the Navy Cross for his heroic actions following the sinking of transport USS President Lincoln in May 1918. On August 9, 1942, Blackwood was the medical officer aboard the cruiser USS Vincennes when it was sunk during the Battle of Savo Island. A year later, USS J. Douglas Blackwood (DE-219) was named in his honor.

Gendreau had been the most senior medical officer killed in World War II. From 1940 to 1941, he served as Force Surgeon of the Navy's Battle Fleet and staff of Admiral Nimitz, Commander in Chief, Pacific Fleet. In the summer of 1943, while on temporary assignment to inspect medical facilities in the South Pacific, he volunteered for duty aboard LST-343 to assist in



Want to be an Operational Medical Officer?

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There is still time to apply for GME and OMO programs. For more information, check out our SharePoint, <https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/SitePages/Home.aspx> or email usn.bethesda.navmedleadprodevcmd.mbx.gme-sb@mail.mil for GME questions.

the evacuation of the sick and wounded on Rendova. On July 21, 1943, Gendreau was killed in a dive-bombing attack. His dedicated service prompted Admiral Nimitz to recommend that a destroyer be named in his honor. USS Gendreau (DE-639) was commissioned on March 17, 1944.

When it was decommissioned in 2012, USS Boone (FFG-28) was the last active ship named in honor of Navy physician. We shall see what the future may hold and perhaps someday soon a Navy physician will once again achieve one of the greatest honors that can be bestowed by the Navy.



USS Boone (FFG-28). The ship was named in honor of Medal of Honor recipient Vice. Adm. Joel T. Boone.



Capt. Elphege Gendreau, MC, USN was KIA while aboard the LST-343 when it was hit by a Japanese dive-bomber, 21 July 1943. The Buckley-class destroyer escort USS Gendreau (DE-639) was named in honor.

Want to contribute?

If you have an interesting story or some advice for the Corps? Always wanted to try your hand at writing? Email CDR Jennifer Eng-Kulawy with your ideas and see your article in the next edition of the Medical Corps Magazine.

Looking forward to hearing from you!

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For further assistance, please feel free to contact us directly...

<https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/>

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MEDICAL CORPS PHOTOS FROM AROUND THE WORLD!



Rota, Spain - 2022 NMRTC Rota visit from the Surgeon General, (from left to right), CAPT Jorge Brito (CO), LCDR Heather Hauck, LCDR Kathryn Lipscomb, CDR Jaime Wong-Lopez, LCDR Jesse Lynn, LCDR Kevin Smith, RADM Gillingham, LCDR Eric Larsen, LCDR Gibran Pierluissi-Jovet, CDR David Paz, CAPT Tammy Servies



NMRTC Rota celebrates the Navy Medical Corps Birthday. (left to right) LCDR Pierluissi-Jovet, LCDR Hammon, CAPT Kearns, CDR Paz, LCDR Deskin, CAPT Brito (CO), LCDR Smith, LCDR Van Nielen, CDR Agraz, CDR Wong-Lopez, LT Emerling, LCDR Lynn, LCDR Kutcher

